PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09843204

(Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Colui	(Column 2)		TYPE		OR 1 f		
TOTAL CLAIMS			95			<u> </u>		RATE	FEE		RATE	FEE
FOR			NUMBER FILED			NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			53 minus 20=		†	* 33		X\$ 9=		OR	X\$18=	594
INDEPENDENT CLAIMS			6 minus 3 =		3	3		X40=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	-	TOTAL		OR	TOTAL	1544
CLAIMS AS AMENDED - PART II								•	h <u> </u>		OTHER	THAN
		(Column 1)		(Column 2)		(Column 3)	_ :	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	TCLAIM	=		X40=		OR	X80=	
	FINOT I NECE	NIAHON OF WA	JETIF LE DEI	LINDLIN	T OLANG			+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	~	JUII. 1 LL .	<u> </u>		AUD					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***]=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 105_			+270=	
ı							L	+135= TOTAL		OR	+270= TOTAL	
			ΑC	DDIT. FEE		OR	ADDIT. FEE					
		(Column 1)			ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL AIM	<u> -</u>	Γ	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									\dashv	ı	TOTAL	
***	If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pai	aid For" IN THIS	S SPACE	is less tha	an 3, enter "3."		DIT. FEE L	ropriate box		ADDIT. FEE umn 1.	